| BEST AVAILABLE CONT | | | | | | | | | | | | | | |
|---|--|---|--------------------------------|-----------------------------------|------------------------|------------------------------------|---|--|--|----|----------------------------------|------------------------|--|--|
| | 1 1 | | Application or Docket Number | | | | | | | | | | | |
| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000 | | | | | | | | | 09/750198 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | | |
| × | OTAL CLAIMS | • | 19 | | | R | | RATE | FEE | 1 | RATE | FEE | | |
| R |)A | | NUMBER FILED | | NEAME | ABER EXTRA | | BASIC FEI | 355.00 | OR | Basic fee | 710.00 | | |
| TC | TAL CHARGE | ABLE CLAIMS | g minus 20= | | • | Ø | | X\$ 9= | | OR | X\$18= | 6 | | |
| IN | DEPENDENT C | LAIMS | 3 minus 3= | | • | Ø | | X40= | | OR | X60= | d | | |
| M | ATTIPLE DEPEN | OENT CLAIM P | RESENT | | | | | -400 | | | | - | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | +135= | | OR | +270= | Ø | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | TOTAL | L | OR | TOTAL | 70. | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | ENTITY | OR | OTHER SMALL | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENOMENT | · | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
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| | Independent | . 3 | Minus ••• | | | | Н | X40= | | OR | X80- | | | |
| Ļ | FIRST PRESE | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +135= | , | OR | +270= | | | |
| andt of | | | | | | | ſ | TOTAL | | | TOTAL | | | |
| Amot 18-04 TOTAL ADDIT. FEE OR ADDIT. FEE COlumn 1) (Column 3) | | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVIO | EST BER IUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
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| ADDIT. FEEOR ADI | | | | | | | | | | | NOOT. FEE | | | |
| AMENDMENT C | | CLAIMS' REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | ST IER USLY | PRESENT EXTRA | ſ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
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| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ┞ | | | OR | ~ | | | |
| • If the entry in column 1 is less than the entry in column 2, write "V" in column 3. | | | | | | | | | | | | | | |
| *** | l tre "Highest Nu! If the "Highest Nu! | mber Proviously Paraber Proviously Pa ber Proviously Pak | id For IN THI id For IN THI | S SPACE is S SPACE II | loss that loss that | 20, enter "20." n 3, enter "3." | | YOTAL DDIT. FEE d in the app | | | TOTAL IDDIT, FEEL JARO, 1. | 5000 | | |

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